

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information																																							
a. Full Name OSCAR4KIDS		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) 50 LAKE FOREST DR SW PINEHURST, NC 28374		d. Date Filed 10/22/2024																																					
		e. Phone Number (910) 295-6628																																					
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (mm/dd/yy) 10/19/2024	5. Treasurer Full Name N CAROL WHEELDON																																				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report 0																																							
3. Account Information a. Financial Institution Full Name FIRST BANK		3. Account Information a. Financial Institution Full Name																																					
b. Purpose CHECKING	c. Account Code A	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$ 1,336.34		d. Period Begin Balance \$																																				
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board																																							
<u>N CAROL WHEELDON</u> Printed Name of Signer		<u>N Carol Wheelton</u> Signature of Appointed Treasurer																																					
		10/22/2024 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	RECEIVED	Employee:	<u>NW</u>																																				
Date Postmarked:	OCT 22 2024	Employee:																																					
Date Scanned:		Employee:																																					
Date Data Entered:	MOORE BOE	Employee:																																					
<table border="0"> <tr> <td>Delivery Method</td> </tr> <tr> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				Delivery Method	<input type="checkbox"/> Normal Mail	<input type="checkbox"/> Registered Mail	<input checked="" type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed	<input type="checkbox"/> Signer has not received mandatory training																														
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<p>Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>																																							

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
OSCAR4KIDS	2024 Third Quarter		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,336.34	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0.00	\$ 0.00	
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 175.00	\$ 678.00	
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$ 1,500.00	\$ 2,500.00	
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$ 0.00	\$ 269.28	
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 1,675.00	\$ 3,447.28	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$ 0.00	\$ 32.94	
15) Loan Repayments <i>(CRO-1420)</i>	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$ 0.00	\$ 0.00	
17) In-Kind Contributions <i>(CRO-1510)</i>	\$ 0.00	\$ 403.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0.00	\$ 435.94	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 3,011.34	\$ 3,011.34	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$ 0.00		
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$ 0.00		
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$ 0.00		
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$ 0.00		
25) Administrative Support <i>(CRO-1710)</i>	\$ 0.00	\$ 0.00	
26) Forgiven Loans <i>(CRO-1440)</i>	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$ 0.00	\$ 0.00	

Contributions from Individuals

Pg 1 of 1

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)		2. ID Number		
OSCAR4KIDS				
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
KENNETH* JAMES BENWAY 8 MARTIN WAY WHISPERING PINES, NC 28327		NOT CURRENTLY EMPLOYED	c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment		
<input type="checkbox"/>	A	Check		10/03/2024
<input type="checkbox"/>				
<input type="checkbox"/>				
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
JAMES LEGG 702 SUN RD ABERDEEN, NC 28315		NOT CURRENTLY EMPLOYED	c. Employer's Name/Specific Field NOT CURRENTLY EMPLOYED e. Election Sum to Date \$ 75.00	
f. Prior	g. Account Code	h. Form of Payment		
<input type="checkbox"/>	A	Check		08/07/2024
<input type="checkbox"/>				
<input type="checkbox"/>				
4. Total only this Page \$ 175.00				
5. Total of ALL CRO-1210 Pages \$ 175.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)				

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)		2. ID Number	
OSCAR4KIDS			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
MOORE* COUNTY REPUBLICAN MEN'S CLUB PO BOX 1812 SOUTHERN PINES, NC 28388 (910) 695-8852		c. Election Sum to Date	
		\$ 1,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)
A	Check		10/03/2024
			\$
			\$
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
MOORE*COUNTY REPUBLICAN PARTY PO BOX 4414 PINEHURST, NC 28374		c. Election Sum to Date	
		\$ 1,500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)
A	Check		09/09/2024
			\$
			\$
4. Total only this Page		\$ 1,500.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)		\$ 1,500.00	